
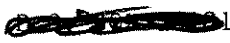


Exhibit No. 3


a Control number		OMB No. 1545-0008			
b Employer identification number 99-6001257		1 Wages, tips, other compensation 13906.05		2 Federal income tax withheld 828.07	
c Employer's name, address, and ZIP code CITY AND COUNTY OF HONOLULU 530 S. King Street Honolulu, Hawaii 96813 9046-N1N		3 Social security wages 13906.05		4 Social security tax withheld 862.18	
		5 Medicare wages and tips 13906.05		6 Medicare tax withheld 201.64	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name RAYMOND E WARE  HONOLULU HI 96837		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state I.D. No. HI 10016001	16 State wages, tips, etc. 13906.05	17 State income tax 634.70	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Department of the Treasury--Internal Revenue Service

Form **W-2** Wage and Tax Statement**2005**

Copy 2 - To Be Filled With Employee's State, City, or Local Income Tax Return

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a Control number		OMB No. 1545-0008			
b Employer identification number 99-6001257		1 Wages, tips, other compensation 13906.05		2 Federal income tax withheld 828.07	
c Employer's name, address, and ZIP code CITY AND COUNTY OF HONOLULU 530 S. King Street Honolulu, Hawaii 96813 9046-N1N		3 Social security wages 13906.05		4 Social security tax withheld 862.18	
		5 Medicare wages and tips 13906.05		6 Medicare tax withheld 201.64	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 370-54-4947		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name RAYMOND E WARE  HONOLULU HI 96837		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state I.D. No. HI 10016001	16 State wages, tips, etc. 13906.05	17 State income tax 634.70	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Department of the Treasury--Internal Revenue Service

Form **W-2** Wage and Tax Statement**2005**

Copy 2 - To Be Filled With Employee's FEDERAL Tax Return